

## Nursing

### PROVISION OF PUBLIC HEALTH NURSING SERVICES

Effective Date: July 1, 1995

THE SECTION OF PUBLIC HEALTH NURSING is responsible for provision of EPSDT services to as many Medicaid eligible children as it can reasonably serve, given its resources and other duties, and the availability of other medical providers.

Public Health Nursing Services means provision of EPSDT Outreach, Screening, Referrals and Follow-up case management and generalized Public Health Services to Medicaid eligible clients. The extent of services delivered will be documented through the Time Studies and child health screening records submitted to the Medicaid Services Unit. It also includes such supportive administrative activities as participation in training nurses to use EPSDT protocols, participation in the Healthy Kid Program (EPSDT) Review, other planning or evaluation activities related to delivery of EPSDT and Healthy Baby services, and maintenance of the clinical records for Medicaid eligible children and women.

The Section of Public Health Nursing will:

- Participate in the Time Study to document the percent of time dedicated to providing EPSDT services and other Public Health Nursing services on behalf of Medicaid eligible clients and submit the Time Study to the Medicaid Services Unit for computation of the annual Medicaid reimbursable rate (see Cost Allocation plan for a detailed Time Study methodology);

- Provide EPSDT outreach, screening, referrals and follow-up case management/care coordination<sup>4</sup> services to Medicaid eligible children;

- Provide Public Health Nursing services to Medicaid eligible clients;

- Maintain and implement the Public Health Nurse, Maternal and Child Health protocols (Alaska Maternal and Child Health Manual for Public Health Nursing, Volumes I-III);

- Participate with the Medicaid Services Unit in Nurse training sessions related to application of the Nursing protocols (Alaska Maternal and Child Health Manual for Public Health Nursing, Volumes I - III);

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<sup>4</sup> Case management/care coordination within EPSDT centers on the process of collecting information on the health need of the child, making (and following up on) referrals as needed, maintaining a health history, and activating the examination/diagnosis/treatment "loop". (State Medicaid Manual, Transmittal No. 3, April, 1990).

Maintain the Resource Patient Management System (RPMS) of clinical records for Medicaid eligible children and women through data entry, programming support and report production; and

Cooperate in the design and implementation of enhancements to RPMS to allow it to interface with the MMIS system, in order to provide local, regional and statewide information that describes services for Medicaid eligible clients.

THE DIVISION OF MEDICAL ASSISTANCE will transfer funds in the appropriate fiscal year to support this activity on a prospective pro rata basis supported by Time Studies.

Nursing

NCAST

Effective Date: July 1, 1995

THE SECTION OF PUBLIC HEALTH NURSING is responsible for provision of Nursing Child Assessment Satellite Testing (NCAST) services to prevent child abuse and neglect among Medicaid eligible high risk families, on a demonstration basis.

The Section of Public Health Nursing will:

- Annually produce a list of NCAST clients, with Medicaid numbers, to verify Medicaid eligibility;

- Provide other documentation as requested by the Division of Medical Assistance, including: a description of the NCAST program and annual budget for the entire NCAST program; and

- Report to DMA the results of the demonstration project.

The Division of Medical Assistance will:

- Transfer funds to the Division of Public Health, through a reimbursable services agreement, for the costs to complete the "NCAST" demonstration project serving Medicaid eligible families; and

- Provide an eligibility tape from MMIS upon request from Public Health for the purpose of creating a baseline percentage of funding for the NCAST program.

## **COMMUNITY HEALTH SERVICES**

Community Health Services

HOME CARE AND PERSONAL ATTENDANT SERVICES

Effective Date: July 1, 1995

THE SECTION OF COMMUNITY HEALTH SERVICES is responsible for administering Home Care and Personal Care Attendant (PCA) programs. Community Health Services will:

Provide an annual determination of the ratio of Medicaid eligible clients to total number of clients served to determine the Medicaid reimbursement rate for the succeeding Fiscal Year;

Provide administrative support in the form of overseeing the Home Care and Personal Care Attendant programs by monitoring the grants for compliance, providing site visits, performing record audits, and inservice education for the grantees as staffing allows;

Implement a Home Care Services program evaluation process;

Collect, analyze and interpret data from reports by PCA agencies concerning PCA provided services;

Develop and implement policies in coordination with DMA for PCA services.

THE DIVISION OF MEDICAL ASSISTANCE will:

Transfer funds, through a reimbursable services agreement, for the administration of the Home Care and Personal Care Attendant programs;

Provide the Division of Public Health with ad hoc reports that contain a listing of Medicaid clients using agency Personal Care Attendant services statewide;

Collaborate with the Section of Community Health Services to implement a Home Care Services evaluation process.

**BUREAU OF VITAL STATISTICS**

Bureau of Vital Statistics

MAINTENANCE OF MMIS/VITAL RECORDS LINKS

Effective Date: July 1, 1995

THE BUREAU OF VITAL STATISTICS is responsible for maintenance of a MMIS/Vital Records data link and provision of program evaluation services. The Bureau of Vital Statistics will:

Participate in the Time Study conducted by the Medicaid Services Unit<sup>5</sup> (a more detailed description of the time study methodology is appended to this MOA and included in the DPH Cost Allocation Plan);

Match vital statistics records of mothers and newborns to information available on MMIS for those individuals who are Medicaid recipients;

Submit an annual report to the director of DPH. The report will describe the results of Medicaid programs provided to Medicaid eligible mothers and newborns and will include data analysis and summary.

THE DIVISION OF MEDICAL ASSISTANCE will:

Ensure that the matching tapes are available on a six month basis from First Health to the Bureau of Vital Statistics;

Transfer funds through a reimbursable services agreement, for the costs of maintaining a matched file between Vital Records and certain MMIS files. The amount of funds transferred will be dependent on the results of Time Studies administered by the Medicaid Services Unit.

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<sup>5</sup> The Time Study requires the collection of staff activity data for two weeks from two specified quarters. Time Study activity data will constitute a random sample of Bureau of Vital Statistics staff activities and will be used to determine the percent of total time spent on Medicaid related tasks.

**SECTION OF EMERGENCY MEDICAL SERVICES**



Emergency Medical Services

TRAUMA REGISTRY AND INJURY PREVENTION

Effective Date: July 1, 1995

THE SECTION OF EMERGENCY MEDICAL SERVICES is responsible for maintaining the statewide Trauma Registry, an injury surveillance system describing serious injury events in Alaska, and for injury prevention education and planning.

Under this agreement the Emergency Medical Services section will provide the following deliverables:

- A MMIS/Trauma Registry data link to provide information on Medicaid clients hospitalized due to injury, including causes of injuries, risk/mitigation factors, outcomes, and post-hospital care;

- Surveillance and research on serious injuries that occur among the Medicaid population such as distribution of injuries, causes, circumstances, use of protective equipment, use of alcohol and drugs, outcome of injury, hospital charges and cost estimates of ongoing treatment and care;

- A Plan with implementation strategies to reduce serious injuries among Medicaid population;

- Technical assistance and training to Medicaid enrolled providers on injury prevention counseling, program development, program evaluation, and use of injury prevention materials focused on the Medicaid population;

- Injury prevention educational materials such as monthly information bulletins and quarterly injury prevention packets, targeted toward EPSDT clients and their families, with information on specific hazards and recommendations for safety; and

- An annual report to the Division of Medical Assistance that will include:

  - A profile of serious injury among the Medicaid population with an analysis of causes, risk/ mitigation factors, outcomes and costs;

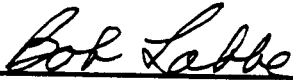
  - An annual overview of injury prevention activities targeted for the Medicaid population including an evaluation of injury prevention programs; and

  - An injury avoidance plan to include strategies and recommendations to reduce serious injury among the Medicaid population.

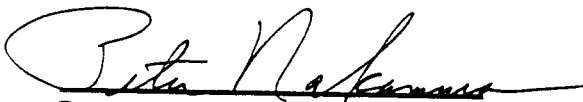
THE DIVISION OF MEDICAL ASSISTANCE WILL:

- Transfer funds, through a reimbursable services agreement, to cover costs for personnel support, and contractual services necessary to provide the above listed deliverables.

SIGNED AND DATED THIS 1st DAY OF July, 1995



Bob Labbe  
Director  
Division of Medical Assistance



Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health